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## Application Reinhold Elferich First Named Inventor Art Unit Address to: Commissioner for Patents Examiner Name P.O. Box 1450 Alexandria, VA 22313-1450 DE030101 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: 24737 OR Firm or Individual Name P. O. BOX 3001 Address State City 10510 BRIARCLIFF MANOR Country USA Telephone (914) 945-6000 (914) 332-0615 This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 32,266 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration, Sec 37. CFR 1.33(a)(1). Registration Number\_ Signature Typed or Printed MICHAEL E. MARION Name Telephone (914) 333-9635 Date 03/14/2007 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one signature is required, see below forms are submitted.

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